

REMARKS

The examiner has rejected claim 1, the sole independent claim, under 35 USC 103(a) as being unpatentable over Halperin (US 6390996) combined with Parker (US 4588383) and Blazewicz (US 6632402). The examiner is urged to reconsider and withdraw the rejection.

Claim 1 is directed to the concept of processing the output of a pulse sensor or an SpO2 sensor to determine one or more actions that a rescuer should perform to improve delivery of chest compressions. The one or more actions are conveyed to the rescuer by a prompting device.

The references relied upon by the examiner do not, individually or in combination, provide any suggestion whatsoever of the invention.

As the examiner concedes, Halperin fails to disclose the use of a pulse sensor or SpO2 sensor for any purpose, let alone to provide information for determining one or more actions for improving chest compressions. Instead Halperin directly measures chest compression, and uses that measurement to improve the delivery of chest compressions. The reference makes absolutely no suggestion of using the output of a pulse sensor or an SpO2 sensor to improve chest compressions.

Parker teaches a CPR trainer/prompter, and suggests ((col. 5, lines 41-56) that a “pulse monitor/tachycardia detector” could be included in the trainer/prompter. But the only uses suggested for the pulse monitor/tachycardia detector are detecting “that the victim has no pulse, the victim has a normal pulse, or that the victim’s pulse is racing, indicating fibrillation or tachycardia.” The examiner is incorrect in concluding that in Parker “[t]he pulse monitor checks the patient’s pulse and determines which sequence of chest compressions should be used, col. 3, lines 37-53.” The language to which the examiner refers (col. 3, lines 37-53) describe prompts given to the user to manually check the victim’s pulse. There is no suggestion in Parker that the

pulse monitor/tachycardia detector mentioned in col. 5 be used in connection with the CPR prompting sequence described in col. 3.

Blazewicz merely teaches that blood oxygenation measurements are effective in diagnosing CPR efficacy (col. 2, lines 27-31). There is no suggestion of using the output of a blood oxygenation sensor (or other SpO₂ sensor) to determine one or more actions that a rescuer should perform to improve delivery of chest compressions.

Simply put, there is no suggestion in any of the references of the invention of claim 1, and thus the claim should be allowed.

The remaining claims are all properly dependent on claim 1, and thus allowable therewith. Each of the dependent claims adds one or more further limitations that enhance patentability, but those limitations are not presently relied upon. For that reason, and not because applicants agree with the examiner, no rebuttal is offered to the examiner's reasons for rejecting the dependent claims.

Allowance of the application is requested.

Enclosed is a \$1020.00 check for the Petition for Extension of Time fee. Please apply any other charges or credits to deposit account 06-1050.

Respectfully submitted,

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